



Ohio Association of the Deaf, Inc.

P.O. Box 9794
Canton, OH 44711

Membership Form Year 2022

Mission Statement: *To advocate and preserve the rights, equal access and services of all deaf and hard of hearing Ohioans, including education, economic and government without communication barriers.*

New Membership

Renewal Membership

Today's Date: _____

Member: _____
Last name

First name

Street: _____

City/State/Zip: _____

Email Address: _____

Phone: _____

Date of Birth (mm/dd/yy): _____

Identification Class

Region

Preferred Language

Deaf

Northeast

ASL

Hard of Hearing

Northwest

Spoken English

Deaf-Blind

Central

ProTactile

Oral

Southeast

Special Accommodations:

Hearing

Southwest

Annual Membership

January 1st - December 31st

Disclaimer: *Renewal Membership Dues by January 31st

Individual - \$15.00

Senior Citizens (60 years or older) - \$12.00

High School Student (Jr NAD recipient) - \$3.00

Interested in Electronic Newsletter for free via email

Interested in Newsletter via Postal Mail (Add \$5 to defray the cost of printing & postage.)

Donation to OAD in amount of \$ _____, for purpose of _____

(Note: If Donation Purpose is not indicated the Amount will be applied to the General Fund)

Please send your check, cashier's check, or money order payable
to **Ohio Association of the Deaf, Inc.**

Mail to

Ohio Association of the Deaf, Inc., P.O. Box 9794, Canton, OH 44711

